

REQUEST FOR PROFESSIONAL VERIFICATION

Dear Physician and/or Healthcare Professional:

Under Federal Law Pine Bluff Transit is required to provide Paratransit (curb to curb) service to persons who cannot utilize the available fixed route due to health reasons. The information you provide assist us in making an appropriate evaluation of the individual's transportation needs and specific trip requirements. **PLEASE WRITE LEGIBLY.**

Capacity in which you know the applicant: _____

Medical Diagnosis of Condition causing disability: _____

Is this condition temporary?

No _____ Yes _____ (Expected Duration _____/_____/_____)

If the person has a disability effecting mobility, is the person:

	Yes	No	Sometimes
Able to walk 200 feet without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to walk ¼ mile without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to climb three 12 inch steps without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to wait outside without support for 10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this person use any mobility aids? If so, please list. _____

If the person has a visual impairment:

Visual Acuity with Best Correction:

Right Eye _____ Left Eye _____ Both Eyes _____

Visual Fields:

Right Eye _____ Left Eye _____ Both Eyes _____

If the person has a cognitive disability, is the person able to:	Yes	No
Give addresses and telephone numbers upon request?	<input type="checkbox"/>	<input type="checkbox"/>
Recognize a destination or landmark?	<input type="checkbox"/>	<input type="checkbox"/>
Deal with unexpected situations or unexpected changes in routine?	<input type="checkbox"/>	<input type="checkbox"/>
Ask for, understand and follow directions?	<input type="checkbox"/>	<input type="checkbox"/>
Safely and effectively travel through crowded and or complex facilities?	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other effect of the disability of which Pine Bluff Transit should be aware? Please describe. _____

Ride the Bluff
PINE BLUFF
Transit

Your Name: _____ Specialty: _____

Office Address: _____
Street
City
State
Zip Code

Office Phone Number: _____ Fax: _____

Signature: _____ Date: ____/____/____